

CONDITIONS OF OPERATION DURING ( )  
INTERIM STATUS

WA 2917

11-~~80~~80<sup>2c</sup>  
14

Date Prepared:

The information shown below is based solely on the information that the owner and operator of this facility submitted in Part A of the Hazardous Waste Permit Application. This is not a determination by EPA that this facility is an environmentally acceptable facility for treating, storing or disposing of the hazardous wastes listed below.

I. Facility Name: Chemical Processors  
Location: Pier 91  
Seattle, Washington 98119  
EPA ID No: WAD000812917

II. EPA considers the following to be the owner or operator of the facility and therefore the person(s) who must comply with the requirements set forth in 40 CFR Parts 122 and 265:

Owner's Name: Chemical Processors, Incorporated  
Operator's Name: Chemical Processors, Incorporated

III. During the period of interim status, the facility may use only the following processes for treating, storing or disposing of hazardous waste, up to the design capacities that are indicated:

PROCESS	DESIGN CAPACITY
<u>S02-Tank storage</u>	<u>9,036,090 gallons</u>
<u>T01-Tank treatment</u>	<u>40,000 gallons/day</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

USEPA RCRA



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IV. During the period of interim status, the facility may handle only the hazardous wastes with the following EPA Hazardous Waste Numbers, and/or solid wastes exhibiting hazardous characteristics with the following EPA Hazardous Waste Numbers:

<u>K049</u>	<u>P110</u>	<u>U053</u>	<u>D003</u>	<u>D007</u>	<u>B011</u>
<u>K050</u>	<u>U188</u>	<u>U197</u>	<u>D004</u>	<u>D008</u>	
<u>K051</u>	<u>U051</u>	<u>D001</u>	<u>D005</u>	<u>D009</u>	
<u>K052</u>	<u>U052</u>	<u>D002</u>	<u>D006</u>	<u>D010</u>	

FILE COPY

# FACILITY CHECKLIST

Facility Name: Chempro Reviewed by: \_\_\_\_\_  
 U.S. EPA ID #: WAD000812917 Date: 1/1  
 Facility address: Pier 91, Seattle, WA 98119  
 Owner Name: Chemical Processors, Inc.  
 Owner address: 5501 Airport Wy. S., Seattle, WA 98108  
 Estimated closure cost: \$ 26,202 Date of estimate: 6/1/82  
 Estimated post-closure cost: \$ \_\_\_\_\_ Date of estimate: 1/1  
 Latest annual adjustment factor: \_\_\_\_\_  
 Total estimated closure and post-closure costs: \$ \_\_\_\_\_ Last adjusted 1/1

## Financial Assurance Mechanisms

Date Received: 7/19/82

Mechanism	Guarantor Name & Address	Effective Date	Amount of Coverage	Validation Date	Initials
<u>TF</u>	<u>Seattle Trust &amp; Savings Bank</u>	<u>7/1/82</u>	<u>\$26,202</u>	<u>1/1</u>	
		<u>1/1</u>		<u>1/1</u>	
		<u>1/1</u>		<u>1/1</u>	
		<u>1/1</u>		<u>1/1</u>	
		<u>1/1</u>		<u>1/1</u>	
		<u>1/1</u>		<u>1/1</u>	

Total Coverage \$ 2,183.50

## Liability Coverage Mechanisms

Date Received: 3/23/83

Mechanism	Guarantor Name	Effective Date	Amount of Coverage	Validation Date	Initials
<u>INS</u>	<u>United States Fidelity &amp; Guaranty</u>	<u>4/1/83</u>	<u>\$500,000</u>	<u>1/1</u>	
<u>INS</u>	<u>Granite State Ins. Co.</u>	<u>1/1</u>	<u>2,000,000</u>	<u>1/1</u>	
		<u>1/1</u>		<u>1/1</u>	
		<u>1/1</u>		<u>1/1</u>	
		<u>1/1</u>		<u>1/1</u>	
		<u>1/1</u>		<u>1/1</u>	

Total Coverage \$ 2,500,000

## FOLLOW-UP ACTIONS REQUIRED

## DATE REQUIRED

Review cost estimates (<sup>70</sup>90 days after anniversary date)

8/17/83

Comments: Process: TOL, 502

Attachments: \_\_\_\_\_



FORM 1 GENERAL		ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION (Read the "General Instructions" before starting.)		EPA I.D. NUMBER FWAD000812917	
I. EPA I.D. NUMBER		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
III. FACILITY NAME					
V. FACILITY MAILING ADDRESS					
VI. FACILITY LOCATION					
II. POLLUTANT CHARACTERISTICS					
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.					
SPECIFIC QUESTIONS		MARK 'X'		SPECIFIC QUESTIONS	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		YES NO FORM ATTACHED		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		YES NO FORM ATTACHED		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		YES NO FORM ATTACHED		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		YES NO FORM ATTACHED		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		YES NO FORM ATTACHED		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	
III. NAME OF FACILITY					
1 SKIP CHEMICAL PROCESSORS INC					
IV. FACILITY CONTACT					
A. NAME & TITLE (last, first, & title)			B. PHONE (area code & no.)		
2 HINMAN, JIM SALE/ENGINEERING			206 767 0350		
V. FACILITY MAILING ADDRESS					
A. STREET OR P.O. BOX			RECEIVED		
3 5501 AIRPORT WAY SOUTH			NOV 18 '80		
B. CITY OR TOWN			Solid Waste Mgmt.		
4 SEATTLE			WA 98108		
VI. FACILITY LOCATION					
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER					
5 PIER 91					
B. COUNTY NAME					
KING					
C. CITY OR TOWN			D. STATE E. ZIP CODE F. COUNTY CODE (if known)		
6 SEATTLE			WA 98119 033		



## VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
7 2 9 1 1 (specify) RECOVERY OF WASTE OIL FOR FUEL										7 3 4 7 1 (specify) HAZARDOUS WASTE MANAGEMENT									
C. THIRD										D. FOURTH									
7 (specify)										7 (specify)									

## VIII. OPERATOR INFORMATION

A. NAME										B. Is the name listed in Item VIII-A also the owner?									
8 CHEMICAL PROCESSORS INC										<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)										D. PHONE (area code & no.)									
F = FEDERAL M = PUBLIC (other than federal or state) S = STATE O = OTHER (specify) P = PRIVATE										C 2 0 6 7 6 7 0 3 5 0 A 15 16 17 18 19 20 21 22 23 24									
E. STREET OR P.O. BOX																			
5 5 0 1 AIRPORT WAY SOUTH																			
F. CITY OR TOWN										G. STATE H. ZIP CODE IX. INDIAN LAND									
B SEATTLE										WA 9 8 1 0 8 Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
9 N										9 P									
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
9 U										7 0 9 9 (specify) Wash. State Dept of Ecology									
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
9 R										(specify)									

## XI. MAP

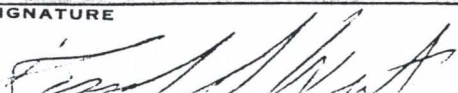
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

A Hazardous waste management  
marked reclaimed oil

## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)										B. SIGNATURE										C. DATE SIGNED									
Ronald S. West, President																				11/14/80									

## COMMENTS FOR OFFICIAL USE ONLY

C										C									
15 16 17 18 19 20 21 22 23 24										15 16 17 18 19 20 21 22 23 24									



FORM 3 RCRA

U.S. ENVIRONMENTAL PROTECTION AGENCY  
HAZARDOUS WASTE PERMIT APPLICATION  
Consolidated Permits Program  
(This form is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

FWAD00008129171

FOR OFFICIAL USE ONLY

APPLICATION APPROVED

DATE RECEIVED (yr., mo., & day)

NOV 18 '80

COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

YR.

MO.

DAY

70

07

01

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

☐ 2. NEW FACILITY (Complete item below.)

YR.

MO.

DAY

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS		T04	GALLONS PER HOUR OR LITERS PER HOUR
<b>Disposal:</b>			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)		
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)				1. AMOUNT	
X-1	S 0 2	600	G	5			
X-2	T 0 3	20	E	6			
1	S 0 2	9,036,090	G	7			
2				8			
3				9			
4				10			

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CONTINUE ON REVERSE



**III. PROCESSES (continued)**

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

We operate a resource recovery facility at this location.  
Raw materials are someone else's products.

**IV. DESCRIPTION OF HAZARDOUS WASTES**

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE
POUNDS . . . . .	P
TONS . . . . .	T

METRIC UNIT OF MEASURE	CODE
KILOGRAMS . . . . .	K
METRIC TONS . . . . .	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZ. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above



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## IV. DESCRIPTION OF HAZARDOUS WASTE (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

S	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
FWAD	0	0	0	8	1	2	9	1	7	6					

## V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

## VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

## VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, &amp; seconds)

4	7	3	8	0	8	N
---	---	---	---	---	---	---

LONGITUDE (degrees, minutes, &amp; seconds)

1	2	2	2	2	5	0	W
---	---	---	---	---	---	---	---

## VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code &amp; no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

## IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

Ronald S. West, President

B. SIGNATURE



C. DATE SIGNED

11 14 80

## X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED



